

## Executive Summary

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According to the Centers for Disease Control and Prevention, tobacco cessation is a critical component of a comprehensive tobacco control program. Funds are being requested to continue the Public Health District Millennium Fund Cessation program. This is a critical program, as few, if any, entities in Idaho would provide this service in the absence of the Public Health District program; this is particularly true in rural areas of the state. Through this initiative, high-quality, "best practice" tobacco cessation programs are provided statewide at no cost to Idahoans who want to quit smoking. Target audiences include pregnant women and adolescents, though the program is available to all people who wish to quit tobacco use. To date (November 2006), this program has provided cessation services to 11,131 Idahoans. Evaluation is conducted by Boise State University's Center for Health Policy. The proposed budget is \$500,000 to continue the program; the Public Health Districts are requesting \$500,000 from the Millennium Fund for this project.

## Proposal

### Organizational Background

Chapter 4, Title 39, Idaho Code is the Public Health Districting Law (1970). The intent of the legislature in creating the seven public health districts was for public health services to be locally controlled and governed. The districts neither are state agencies nor part of any state department; they are recognized much the same as other single purpose districts, and are accountable to their local Boards of Health. The Law stipulates that the districts provide the basic health services of public health education, physical health, environmental health, and public health administration, but does not restrict the district solely to these categories. Therefore, services are based upon local and state need with many being essential services provided throughout Idaho by all seven public health districts.

While Idaho's Public Health Districts are locally based, they share a common vision and mission. The vision is "Healthy People in Healthy Communities." The mission is to:

- Prevent disease, injury, disability, and premature death;
- Promote healthy lifestyles; and

*Public Health Districts' Millennium Fund application, p. 2,*

- Protect and promote the health and quality of Idaho's environment.

Although services vary depending on local need, all seven districts provide the essential services that assure healthy communities. These may include:

- Monitoring health status by developing reports that call attention to emerging health problems
- Investigating health hazards, such as potential communicable disease outbreaks
- Empowering people to make good health choices through education, such as the importance of seatbelt use and safe food handling practices
- Linking people to needed health services or providing them directly if access is limited, as with reproductive health services or immunizations
- Enforcing laws to protect health, such as inspecting public swimming pools

Please see Appendix A for a list of Board Members and related staff.

The Public Health Districts receive income from four sources: 13% of income comes from the counties, 18% from the State General Fund, 0.5% from the State Millennium Fund, and approximately 60.5% from fees/contracts.

### Purpose of Request: Goals and Objectives

Currently in Idaho, 17.9% of adults continue to smoke (BRFSS, 2006).<sup>1</sup> Further, 14% of 9-12<sup>th</sup> graders are current smokers (YRBS, 2003). Tobacco use impacts quality of life in the short-term, as well as being a primary risk factor for many chronic diseases such as heart disease and many forms of cancer. For this reason, one primary goal of the Centers for Disease Control & Prevention is to promote cessation among young people and adults. Therefore, it is the intent of the Public Health Districts' Tobacco Cessation Program to continue to provide high-quality, research-based tobacco cessation services to all people who use tobacco and want to quit.

### **Short-Term Objectives**

The program has identified four main objectives, including:

1. Continue to offer cessation programs in each district that fit standardized criteria for best practices developed by the American Cancer Society, Idaho Prenatal Smoking Cessation Program (IPSCP), the Centers for Disease Control & Prevention, the American Heart Association, and the American Lung Association.
2. Conduct at least one tobacco cessation program in at least half of the counties within the district boundaries.
3. Conduct cessation services specifically designed for pregnant women and teens.
4. Provide the independence for each health district to determine the program(s) to be offered and to recruit instructors.

### **Long-Term Objectives**

The public health districts are committed to helping to establish a tobacco-free Idaho, an Idaho which promotes a social norm that does not accept or enable tobacco use. In order to achieve that end, it is

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<sup>1</sup> Down from 20.7% in 2002.

*Public Health Districts' Millennium Fund application, p. 3,*

critical that high-quality, research-based cessation options be available at no cost to individuals who are ready to quit tobacco use. This grant is central to continuing to advance that vision.

### Organizational Capacity

It is the mission of the Public Health Districts to: 1) prevent disease, injury, disability, and premature death; 2) promote healthy lifestyles; and 3) protect and promote the health and quality of Idaho's environment. Certainly, a strong, evidence-based tobacco cessation program is centrally associated with this mission. By helping people to quit tobacco use, many chronic diseases (e.g., certain types of cancer, heart disease, emphysema, chronic obstructive pulmonary disease, etc.) and related disability will be reduced significantly. Further, being tobacco-free is a critical characteristic of a healthy lifestyle. And, finally, reducing tobacco use reduces exposure to Environmental Tobacco Smoke (ETS), thereby increasing the quality of the environment Idahoans live in.

Cessation programs funded through the Millennium Tobacco Cessation Program are required to meet the "best practices" of tobacco cessation programs gleaned from a review of the professional literature. The rationale for requiring that programs use best practice methods is to assure that any program receiving funding had been tested as effective in reducing the use of tobacco. Several programs meet the criteria, including those of the American Cancer Society, American Lung Association, American Heart Association, and the Idaho Prenatal Smoking Cessation Program (IPSCP). Public Health Districts have discretion to choose among eligible programs, or programs need to meet "best practice" criteria. Tobacco cessation programs must have multiple sessions (at least four), and contain educational counseling on nicotine addiction, consequences of smoking, benefits of being smoke-free, combating withdrawal symptoms, stress management techniques, nutrition and exercise, engaging social support, techniques for dealing with relapse, different quitting techniques, and strategies for coping with urges.

The following paragraphs summarize last year's accomplishments in the Cessation Program, by public health districts.

#### **District I, Panhandle Health District, Hayden**

In the Panhandle Health District, six cessation programs were offered. The Ending Nicotine Dependence (END) program and FreshStart curriculum were the predominate programs offered, in conjunction with the evidence-based "5 A Approach." Pregnant women who smoke were identified and counseled through the WIC program with supplementary mail-out information from a variety of curricula reinforcing cessation advice. The target population of teens was recruited through the school districts and courts. The local medical center; medical provider offices; five federally funded community health clinics; and public health district Family and Community Health programs, especially Family Planning (five counties), promote the program. Direct client smoking cessation services were provided through the Health Promotion Division for Tobacco Cessation Program and the WIC clinics in the five northern counties. The district also partnered with businesses and agencies to hold on-site classes for their employees.

#### **District II, North Central Public Health, Lewiston**

Seven cessation programs were offered in the North Central Health District; six of those were provided through partnering subcontractors. Contractors included area hospitals, counseling centers, youth court

*Public Health Districts' Millennium Fund application, p. 4,*

services and private individuals. FreshStart, TEG/TAP, Freedom from Smoking, IPSCP and Nicotine Intervention Program curricula were utilized. Marketing included a variety of media, fliers, pamphlets and physician referrals. WIC approached all pregnant women and enrolled all current smokers in the IPSCP. Teens were targeted through referrals and the juvenile justice system. Pregnant women received services in all five counties through the WIC program.

**District III, Southwest Health District, Caldwell**

Cessation services in the Southwest District were provided through three programs, all through subcontractors. The SmokeLess curriculum was used in two of the programs, and the Great Tobacco Getaway in the other. Program availability was advertised through newspapers, brochures, and flyers distributed through businesses and WIC clients. Teens were targeted by offering classes at the juvenile detention center and also through referrals by the courts. Pregnant women were recruited through the WIC program and local hospitals. Classes were offered on a monthly basis in Canyon County and classes in outlying counties were scheduled as needed.

**District IV, Central District Health, Boise**

In Central District Health, a total of nine different programs were offered. Seven of them were provided through subcontractors. Freedom from Smoking was used in several of the programs, as well as END, FreshStart, the Great Tobacco Getaway, and the Pregnant Woman's Guide with WIC clients. Programs were advertised through health fairs, mailings included with lab reports, in newspapers, by email, and on the district's website, [www.cdhd.idaho.gov](http://www.cdhd.idaho.gov). Teens and pregnant women were specifically targeted through classes in Boise, Meridian, and Mountain Home. The district also partnered with businesses and agencies to hold on-site classes for their employees and with schools to offer on-site classes for their students. Juvenile courts referred students to the youth classes.

**District V, South Central District Health, Twin Falls**

Four programs were offered in the South Central District. The Health District was the main cessation provider offering services through WIC using the IPSCP protocol, the END curricula for youth classes, and FreshStart for adults. Two subcontractors used FreshStart, END, and the ALS Freedom From Smoking. Advertising was done through the media, at health fairs and with brochures and flyers at hospitals, schools and businesses. Target populations (teens and pregnant women) were solicited through WIC and the schools, including alternative schools and Idaho Youth Ranch. Contact with businesses and manufactures was made through the media and Occupational Health at Magic Valley Regional Medical Center. Services were provide in all eight counties of the district this year. In addition a great effort was made to recruit/train more subcontractors. To date, two additional subcontractors to serve Blaine/Camas Counties have been trained and one from youth drug court for the region.

**District VI, Southeastern District Health, Pocatello**

Southeastern District Health's cessation services were primarily conducted through subcontractors. The END curriculum was used for youth classes, the IPSCP protocol for pregnant women, and the FreshStart program for adults. Subcontractors included Portneuf Medical Center, Indian Health Services at Fort Hall, and a private contractor. The program was promoted through medical providers' offices, community businesses, newspaper ads, and the agency website. Also, the WIC and Family Planning programs promoted program availability. Pregnant women were targeted through WIC, PAC, and childbirth classes. Teens were targeted through the adolescent shelter and the juvenile justice system.

*Public Health Districts' Millennium Fund application, p. 5,*

Drug Court participants also participated in classes.

### **District VII, Eastern Idaho Public Health District, Idaho Falls**

Six programs were provided in District Seven. The Eastern Idaho Public Health District provides cessation services to the public. Subcontractors included Child Family Solutions, Eastern Idaho Regional Medical Center, Steele Memorial Hospital, Teton Valley Hospital, and Evan Thomas, who counsels at the juvenile and adult detention centers and through court referrals. The Freedom From Smoking and FreshStart curricula, as well as a program based on a combination of curricula, were offered. The program was advertised using district health nurse referrals, notices in physician offices, brochures at local businesses and schools, television and radio promotion, agency website, health fairs and community events, and the local theater.

All public health district staff and subcontractors involved in the program have health education and/or behavioral health backgrounds. Most have been involved in the program for close to five years.

### Process

In this program, a variety of tasks are ongoing throughout the year. For example, partnership development and maintenance is critical to the success of this program. To achieve this end, staff must work to identify partner organizations/individuals which are interested in and qualified to act as subcontractors to provide high-quality, research-based cessation classes. Second, staff must actively market the program to potential referral sources as well as potential participants. This process includes identifying potential referral sources, establishing and maintaining strong working relationships, and providing them with marketing materials (e.g., promotional posters, brochures, etc.). This process is ongoing throughout the year.

Second, classes are offered throughout the year. Typically, classes are offered in four- to six-week sessions, and are held eight to ten times each year. Class preparation is ongoing, as well.

Third, the evaluation component of this program is strong. Partners as well as district staff are responsible for ensuring appropriate paperwork is completed and forwarded to Boise State University in a timely manner.

Two target populations were identified by the Idaho Legislature when they initially funded this program: pregnant women and adolescents. Pregnant women benefit from having programs in place that help them to quit tobacco use; have a healthier, lower-risk pregnancy; and a healthier infant. Adolescents benefit by having programs in place that are age appropriate and provide them the support they need to quit tobacco use as early as possible.

*Public Health Districts' Millennium Fund application, p. 6,*

### Evaluation Plan

Since the inception of the Millennium Fund Cessation Program, the Public Health Districts have contracted with Boise State University's Center for Health Policy (CHP) to conduct the evaluation component of the program. This decision was made because the CHP could assist the Public Health Districts in standardizing the evaluation protocol statewide, and was a neutral party which assured unbiased reporting of results. To date, BSU has conducted 2- and 6-month follow up with cessation program participants to determine quit status.

According to data from CHP<sup>2</sup>, in Fiscal Year 2006, the Public Health District Cessation Program served 1,457 clients statewide. Of those, 922 (63%) completed a program; 532 (37%) quit using tobacco; and 590 (40%) reduced the number of cigarettes they were smoking. These services were provided in 30 of Idaho's 44 counties. Additionally, CHP noted in the FY06 Evaluation Report that the four main objectives of the program had been accomplished as follows:

- Continued cessation programs in each district that fit standardized criteria for best practices developed by the American Cancer Society, IPSCP, the Centers for Disease Control and Prevention, the American Heart Association, and the American Lung Association.
- Conducted at least one tobacco cessation course in at least half of the counties served within the district boundaries.
- Conducted services designed for pregnant women and teens. More specifically, this was accomplished by utilizing the Supplemental Nutrition Program for Pregnant Women, Infants, and Children (WIC) program to reach pregnant women and incorporating tobacco cessation into the curriculum for those women who smoke. Teens were often targeted in classes held in schools or held for teens that had been referred to the classes by the youth court program.
- Provided the independence for each health district to determine the program(s) they wanted to offer and to recruit instructors.

Over the long-term duration of the program, 2,710 clients have been interviewed at 2 months; 939 (35%) were tobacco free. Additionally, 2,049 were interviewed at six months, and 696 (34%) were still quit.

The Public Health Districts will continue to contract with BSU's CHP to conduct objective evaluation of this initiative. Participants will continue to receive calls at two- and six-month follow up upon completing the program to assess quit and/or reduced status.

### Sustainability

The Public Health Districts' Cessation Program was created in fiscal year 2001 when the Idaho legislature awarded the districts funding to plan, implement, and evaluate tobacco cessation programs in their respective regions. Currently, no other funding is available to support this program. Should the Millennium Fund monies cease, the program would end. While the Public Health Districts believe strongly in the merits and value of this program, they do not currently have the capacity to continue the

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<sup>2</sup> For a complete analysis of Fiscal Year 2006's evaluation data, please see *Health District Millennium Tobacco Cessation Program, Fiscal Year 2006 Evaluation Report*. Colby, C. & Kidd, C. (July 2006). Boise: Center for Health Policy, Boise State University.

*Public Health Districts' Millennium Fund application, p. 7,*

program in the absence of Millennium Fund dollars.

## **Budget**

The total cost of this project for the seven public health districts is \$500,000; this amount is anticipated to be funded entirely by Millennium Fund monies. No other funds will be utilized to support this program. The total dollar amount represents 0.5% of the combined Public Health Districts budget request for FY07.

Please see Appendix B for the Budget Matrix.

Operating expenses are largely related to subcontractor costs. Other operating costs include travel (for program marketing/promotion, partnership development, and to teach classes), printing costs (for program materials, including evaluation forms, and promotional materials), and educational materials for use in classes.

Personnel costs vary from district to district:

District 1:	.5 FTE for Health Education Specialists
District 2:	.25 FTE for multiple WIC staff .15 FTE for one Health Education Specialist .10 FTE for one Community Health Director
District 3	.28 FTE for one Health Education Specialist, Senior .04 FTE for one Public Health Program Manager, 3
District 4:	.09 FTE for one Program Manager .19 FTE for one Program Coordinator/Educator .13 FTE for one Administrative Assistant
District 5:	.4 FTE for one Program Coordinator .05 FTE for one bilingual Health Education Specialist .05 FTE for administrative support .05 FTE for WIC Clinical Assistants
District 6:	.23 FTE for one Health Education Specialist, Senior .01 FTE for one Health Promotion Director .01 FTE for each of 7 Public Health Nurses
District 7:	.50 FTE for one Health Education Specialist .01 FTE for one Health Promotion Director

*Public Health Districts' Millennium Fund application, p. 8,*

## References

*Idaho Behavioral Risk Factors: Results From the 2005 Behavioral Risk Factor Surveillance System.* Boise: Idaho Department of Health and Welfare, Division of Health, Bureau of Health Policy and Vital Statistics, 2006.

*A Healthy Look At Idaho Youth: Results of the 2003 Idaho Youth Risk Behavior Survey and 2002 School Health Education Profile.* Boise: Idaho Department of Education, 2003, November.

*Health District Millennium Tobacco Cessation Program, Fiscal Year 2006 Evaluation Report.* Colby, C. & Kidd, C. (July 2006). Boise: Center for Health Policy, Boise State University.

## Appendix A Board & Staff Members

District	District Director	Program Staff	Board of Health Members	
Panhandle Health District (I) 8500 N. Atlas RD Hayden, ID 83835 (208) 415-5100	Jeanne Bock	<u>Health Educator</u> ; conducts interventions for all pregnant smokers; coordinates program, provides classes for all court-ordered juveniles and businesses requesting classes	Marlow Thompson, Chair Chris Beck, Trustee Allen R. Banks, Ph.D. Sharon Connors	Richard McLandress, MD Dale Van Stone Walt Kirby
North Central District Health (II) 215 10 <sup>th</sup> Street Lewiston, ID 83501 (208) 799-3100	Carol Moehrle	<u>WIC Clinical Assistants</u> ; facilitate cessation program for pregnant WIC clients <u>Health Education Specialist</u> ; coordinates the program with WIC and subcontractors <u>Community Health Director</u> ; provides program oversight, develops millennium presentations, coordinates evaluation protocol with BSU	Gary Morris, Chair & Trustee Jim Rehder Shirley Greene Ric Hood	Leann Trautman Larry Vincent William Mannschreck, MD

*Public Health Districts' Millennium Fund application, p. 10,*

Southwest District Health (III) 920 Main Street Caldwell, ID 83605 (208) 344-5300	Eugene Gunderson	<u>Program Coordinator</u> ; assists contractors in setting up classes & locations; assists in marketing of classes; answers questions on program services from community members <u>Director of Nutrition/Health Promotion</u> ; Administrative management, fiscal and professional accountability	William "Bill" Brown, Chair & Trustee Larry Church Pat Galvin Richard T. Roberge, MD	Newton States Rick A. Michael Hal Tolmie
Central District Health (IV) 707 N. Armstrong Place Boise, ID (208) 375-5211	Russell Duke	<u>Health Ed Specialist</u> ; coordinates with subcontractors, teaches pregnant clients <u>Admin Assistant</u> ; support services to track contractors and process payment <u>Program Manager</u> ; assists with presentations to legislators, develops and monitors budget, supervises staff	Steven Scanlin, JD, Chair Mary Egusquiza, Vice-Chair Fred Lawson Ted Epperly, MD	Betty Ann Nettleton, RN, Trustee Jane Young, MSN, APN BC, DNP Phil Davis

Public Health Districts' Millennium Fund application, p. 11,

<p>South Central District Health (V) 1020 Washington Street North Twin Falls, ID 83301 (208) 734-5900</p>	<p>Cheryl Juntunen</p>	<p><u>Program Coordinator</u>; markets &amp; teaches a majority of classes, especially in rural areas; trains &amp; monitors subcontractors; prepares reports <u>Program Administrator</u>, supervises staff; manages program; monitors data; assists with program promotion <u>Health Ed Specialist</u>, does outreach and teaches classes in Spanish for Hispanic clients <u>WIC Clinical Assistants</u>, provide one on one tobacco cessation classes for pregnant WIC clients</p>	<p>Donald Bard, MD, Chair Marvin Hempleman, Trustee Donald Billings Donald Clark</p>	<p>Marypat Fields Linda Johnson Linda Montgomery Everett "Buck" Ward</p>
<p>Southeastern District Health (VI) 1901 Alvin Ricken Dr Pocatello, ID 83201</p>	<p>Edward Marugg</p>	<p><u>Health Ed Specialist, Sr</u>, coordinates classes, markets program, recruits/monitors subcontractors; completes reporting requirements <u>HP Director</u>, supervises staff and program, markets program, assists with legislative presentation development <u>Public Health Nurses</u> conduct cessation interventions with pregnant clients</p>	<p>Carolyn Meline, Chair &amp; Trustee Wayne Brower Jerry Bush Wm. Bart Conlin</p>	<p>Steve Bastian Sheryl Haralson Keith Martindale Raymond Zimmerman</p>

*Public Health Districts' Millennium Fund application, p. 12,*

Eastern Idaho Public Health District (VII) 254 E. Street Idaho Falls, ID 83402 (208) 522-0130	Richard Horne	<u>Health Education Specialist</u> ; coordinates with subcontractors, reviews billings, provides one on one counseling and education to pregnant women, youth, and general public; teaches classes in Spanish. <u>Program Manager</u> ; assists with information for presentations to legislators, develops and monitors budget, supervises staff	Mark Trupp, Chair & Trustee Tad Hegsted Robert Cope Lin Hintze Dr. Barbara Nelson	Dave Radford Greg Shenton Ralph Robinson Donald Trupp
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